FIS 0270 (8/02) Office of Financial & Insurance Services PAGE 1 of 2

Surplus Lines Agent Semi-Annual Report of Michigan Premiums and Tax

Complete each side of this report. Attach additional sheets if necessary. All INS 270 versions of this form are obs

Licensee Name	Report Period		
	(check only one, enter year)		
Licensee FEIN or Social Security Number Contact person name and phone no.	Jan. 1 to June 30, Due August 15 same year July 1 to Dec. 31, Due February 15 of year following report year		

IMPORTANT INSTRUCTIONS! PLEASE READ BEFORE **COMPLETING YOUR REPORT**



REPORT PERIODS ARE SEMI-ANNUAL

Monthly reports will not be accepted. Tax payments will only be accepted with the semi-annual reports.

File FIS 0269 (Report of Transaction With an Unauthorized Insurer not Recognized as Eligible) form(s) semi-annually as attachments to this report.

TAX CALCULATION IS DONE ONCE PER REPORT Tax of 2% and a regulatory fee of 1/2% is calculated for aggregate total premium.

REPORT INSURERS FROM WHICH SURPLUS LINES **INSURANCE WAS** PROCURED ON PAGE 2 You must report all insurance companies including their N.A.I.C. insurer indentification number (if applicable) and the total amount of premiums that were placed with each company.

> Validation code: 97-07-7175

Please make check for full amount of Line B payable in US Dollars to:

State of Michigan

Line of Business	Line Code	Net Direct Premiums Written Enter dollars and cents-do not round off
Fire	1	
Allied Lines	2.1	
Farmowners Multiple Peril	3	
Homeowners Multiple peril	4	
Commercial Multiple peril	5	
Ocean Marine	8	
Inland Marine	9	
Medical and Hospital Malpractice	11	
Earthquake	12	
Group Accident and Health	13	
Non-Group Accident and Health	15	
Workers' Compensation	16	
Other Liability	17	
Municipal or other Governmental Liability	17.1	
Liquor Liability	17.2	
Prof. Liability not Medical/Hospital Malpractice	17.4	
Products Liability	18	
Private Passenger Automobile (PIP)	19.1	
Other Private Passenger Auto Liability	19.2	
Commercial Auto No-Fault (PIP)	19.3	
Other Commercial Auto Liability	19.4	
Private Passenger Auto Physical Damage	21.1	
Commercial Auto Physical Damage	21.2	
Aircraft (all perils)	22	
Fidelity	23	
Surety	24	
Glass	25	
Burglary and Theft	26	
Boiler and Machinery	27	
Credit	28	
Other Lines (attach itemized list describing each lin	ne & amount)	

Please complete page 2 of this report

Transaction Count

Report of Premiums by Insurer-Complete a line for each insurer business transaction within the report period. If company has no NAIC number write N/A (not applicable) in Column 1. Report aggregate net direct premiums written for each company. Total net direct premiums written should agree with Line A. Total Net Direct Premiums Written from page 1

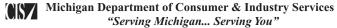
Insurer NAIC Number	Name of Insurer-Include country of incorporation if r	not USA	Net Direct Premiums Written Enter dollars and cents-do not round off		
TOTAL NET DIRECT PREMIU	IMS WRITTEN (amount should equal Line A. Total Net Direct Prem	niums Written from page 1)			
transactions were not unfairly dis insured's representative was info	policies were procured pursuant to Chapter 19 of the Michigan Inscriminatory. The policies do not contain language which misrepresermed in writing before placement that the coverage was being place insolvency of the unauthorized insurer. I have not received compe	ents the true nature of the poled with an insurer not licensed	icy or class of policies. The insur I in this state and that payment of	ed or the floss may	
Signature of Licensee or Authorized	Signer Date signed	Licensee address			
Signer's name and title (typed or prin	ted)				

→ If applicable, remember to attach FIS 0269 (Report of Transaction With an Unauthorized Insurer Not Recognized as Eligible) form(s) to this report.

Return this form with payment to:
Office of Financial and Insurance Services
PO Box 30165
Lansing MI 48909-7720

Public Act 218 or 1956 as amended requires semi-annual submission by surplus lines agents transacting business in Michigan. Failure to report properly may result in a compliance action, revocation of any Michigan insurance licenses you hold. You may become the subject of a court action to recover fees due and unpaid, and expenses to collect monies due the State of Michigan.

Visit OFIS on the Web at: www.michigan.gov/ofis





Phone OFIS toll-free at: 1-877-999-6442